

Even Start Continuation Application

Technical Assistance

Friday, March 13, 2009

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Consultant

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Supervisor

Infant/Toddler & Family Services
Office of Early Childhood
Education & Family Services



For the benefit of others:

- Please 'mute' your phone unless you have a question. This keeps your background noise from being broadcast.
- Do NOT put this call ON HOLD since then all participants hear your 'hold music.'
- Follow the directions emailed to you in your webinar participation confirmation.
- Any technical questions?

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Continuing eligibility

- State reviews for:
 - Progress toward meeting individual program goals
 - Utilizing evaluation for continuous improvement
 - Progress on the indicators of program quality developed by the state of Michigan
 - Implementation Improvement plans
 - 15 program elements

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What about the 2009-2010 application?

- Period of obligation and award amount -
 - Maximum amount - \$225,000
 - July 1, 2009-June 30, 2010

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Basic Information - MEGS

- Initiate an application
 - Select BOTH Even Start & Local Contribution buttons
- Update all information as needed
 - email addresses
 - year of operation
 - date of most recent meeting
- Grant Contact and Fiscal Agent Information - MEGS will prompt you to verify your information annually
- Partner Information
 - Evaluator Information
- Cover Page Information
- Assurances pages

Basic Information - Hard Copy

- Original signatures for applicant
 - Cover page
 - Assurances and Certifications pages
 - Three new assurances or sections
 - Certification for Participation in Collaborative Project page
 - Page 2
 - (including date of most recent meeting)

REMARKS: NEW JERSEY AUTHORITY: P.L. 107-145 COMPLETION: Voluntary Consideration for funding will not be given if form is not filed.	Michigan Department of Education OFFICE OF EARLY CHILDHOOD EDUCATION AND FAMILY SERVICES P.O. Box 30009, Lansing, Michigan 48909	Direct questions regarding this form to (517) 373-6422.
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**CONTINUATION GRANT APPLICATION FOR
 2009-2010 WILLIAM F. GOODLING EVEN START
 FAMILY LITERACY PROGRAM**

APPLICANT ORGANIZATION:	Name of Applicant	State/DC/PR	Telephone (Area Code)
	Address	City	Zip Code
CONTACT PERSON:	Name of Contact Person	Telephone (Area Code)	Ext. (Area Code)
	Address of Contact Person	City	Zip Code
	Email Address of Contact Person		
COOPERATING:	Name of Agency/Office	Telephone (Area Code)	
	Name of Contact Person	Email Address	
LOCAL EVALUATOR:	Name	Address	Telephone (Area Code)
	Address	City	Zip

A. GRANT CATEGORY:

☒ **Continuation Grant:** In 2009-2010, this project will be in its _____ year of funding.

FEDERAL EVEN START FUNDS REQUESTED: \$ _____

B. GEOGRAPHIC DESIGNATION:

☒ **USA:** _____ majority of families expected to participate reside in a Metropolitan Area as designated by the Bureau of Census

☐ **USA:** _____ majority of families expected to participate reside outside of a Metropolitan Area

ASSURANCES AND CERTIFICATIONS: By signing this assurance and certification statement, the applicant certifies that it will agree to perform all actions and support all intentions stated in the Assurance and Certifications on pages 1a, 1b, and 1c and will comply with all state and federal regulations and requirements pertaining to this program. The applicant certifies further that the information submitted on this application is true and correct.

SIGNATURE OF AUTHORIZED OFFICIAL: _____ **DATE:** _____

TYPED NAME/TITLE: _____

MAILING INSTRUCTIONS: The ORIGINAL and ONE (1) copy of this application must be RECEIVED at the STATE ADDRESS indicated above by APRIL 30, 2009 no later than 5:00 p.m.

1M-02-01-C
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ASSURANCES AND CERTIFICATIONS
--FEDERAL PROGRAMS--

INSTRUCTIONS: Please attach ALL three pages (1a, 1b and 1c) of the assurance when submitting the application.

ASSURANCE WITH SECTION 411 OF THE U.S. DEPARTMENT OF EDUCATION APPROPRIATION ACT OF 1992

When issuing statements, press releases, news releases for proposals, solicitations, and other documents describing this project, the recipient shall state clearly: 1) the dollar amount of federal funds for the project; 2) the percentage of the total cost of the project that will be financed with federal funds; and 3) the percentage and dollar amount of the total cost of the project that will be financed by nonfederal sources.

ASSURANCE CONCERNING MATERIALS DEVELOPED WITH FUNDS AWARDED UNDER THIS GRANT

The grantee assures that the following statement will be included on any publication or project materials developed with funds awarded under this program, including reports, films, brochures, and flyers: "These materials were developed under a grant awarded by the Michigan Department of Education."

ASSURANCE REGARDING ACCESS TO RECORDS AND FINANCIAL STATEMENTS

The applicant hereby assures that it will provide the pass-through entity, i.e., the Michigan Department of Education, and auditors with access to its records and financial statements as necessary for the pass-through entity to comply with Section 400 (a)(4) of the U.S. Department of Education Compliance Supplement for A-122.

ASSURANCE REGARDING COMPLIANCE WITH GRANT PROGRAM REQUIREMENTS

The grantee agrees to comply with all applicable requirements of all state statutes, federal laws, executive orders, regulations, policies, and award conditions governing this program. The grantee understands and agrees that if it materially fails to comply with the terms and conditions of the grant award, the Michigan Department of Education may withhold funds otherwise due to the grantee from this grant program, any other federal grant programs or the State School Aid Act of 1979 as amended, until the grantee comes into compliance or the matter has been adjudicated and the amount determined has been repaid (if applicable). The Department may withhold up to 10% percent of any payment based on a monitoring finding, audit finding or pending final report.

AUDIT REQUIREMENTS

All grant recipients who spend \$200,000 or more in federal funds from one or more sources are required to have an audit performed in compliance with the Single Audit Act (effective July 1, 2002).

Further, the applicant hereby assures that it will direct its auditors to provide the Michigan Department of Education access to their audit work papers upon the request of the Michigan Department of Education.

The following certification applies only to LEAs, RSAs and/or ESAs:

CERTIFICATION REGARDING STUDENT SCHOOL-LEVEL FREEDOM FROM EXCESSIVE ASSIGNMENT

This applicant assures that it has in effect a policy requiring the exclusion from school for a period of not less than one year of any student who is determined to have brought a weapon to school under the jurisdiction of the agency districtwide policy; may also be the effectuating officer of the agency to require such exclusion requirements for students on a case-by-case basis. This term "weapon" means a firearm as such term is defined in Section 92 of Title 18, United States Code.

The district has adopted, or in the process of adopting, a policy requiring referral to the criminal or juvenile justice system of any student who brings a firearm or weapon to a school served by the agency.

CERTIFICATION REGARDING NONDISCRIMINATION UNDER FEDERAL AND STATE ASSISTED PROGRAMS

The applicant hereby agrees that it will comply with all federal and Michigan laws and regulations prohibiting discrimination and, in accordance with 20 USC 9601, no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or handicap, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education or the Michigan Department of Education.

ASSURANCES AND CERTIFICATIONS (continued)

--FEDERAL PROGRAMS--

CERTIFICATION REGARDING USE OF FEDERAL GRANTS AND COOPERATIVE AGREEMENTS

No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of a federal agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the federal grant or cooperative agreement, the undersigned will complete and submit Standard Form - 278, Disclosure Form to Report Lobbying, in accordance with its instructions. The undersigned will ensure that the language of this certification be included in the award documents for all subagreements of all tasks (including subgrants, contracts, subcontracts and cooperative agreements, and subcontracts) and that all subagreements will comply and address accordingly.

CERTIFICATION REGARDING PERSONNEL SUPERVISION, INDEMNITY AND LIABILITY, REMUNERATION, QUANTITIES AND USE OF PERSONNEL

The prospective award for personnel services, by submission of this proposal, that neither the principal nor the principals are presently or have been, proposed for disbarment, debarred, indicted or voluntarily excluded from participating in the transaction by any federal department or agency. Where the prospective award for personnel is unable to verify to any of the statements in this certification, such prospective personnel will attach an explanation to this proposal.

PARTICIPATION OF INDIVIDUALS IN DECISIONS

The applicant assures that private nonprofit entities have been invited to participate in planning and implementing the activities of this application.

CERTIFICATION REGARDING TITLE II OF THE AMERICANS WITH DISABILITIES ACT (ADA), P.L. 101-504, STATE AND LOCAL GOVERNMENT SERVICES

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title II of the ADA covers programs, activities, and services of public entities. Title II requires that "no qualified individual with disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of public entity, or be subjected to discrimination by such entity." In accordance with Title II ADA, programs the applicant has conducted a review of its employment and program services delivery processes and files developed policies to providing services identified in this section.

CERTIFICATION REGARDING TITLE III OF THE AMERICANS WITH DISABILITIES ACT (ADA), P.L. 101-504, PUBLIC ACCOMMODATIONS AND COMMERCIAL FACILITIES

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title III of the ADA covers public accommodations (private entities that affect commerce, such as museums, libraries, private entities and other public entities, and any businesses serving facilities and readily accessible barrier removal. In accordance with Title III provides the applicant has taken the necessary action to ensure that individuals with a disability are provided full and equal access to the goods, services, facilities, privileges, advantages, or accommodations offered by the applicant. In addition, a Title III entity, upon receiving a grant from the Michigan Department of Education, is required to meet the higher standards of program accessibility standards as set forth in Title III of the ADA for the program or service for which they receive a grant.

SPECIFIC PROGRAM ASSURANCES

The following provisions are understood by the recipients of the grant should be awarded:

1. Grant award is approved and is not assignable to a third party without specific approval.
2. Funds shall be expended in conformity with the budget. Any item changes and other deviations from the budget as attached to this grant agreement must have prior approval from the Early Childhood Administrator of the Michigan Department of Education.
3. The Michigan Department of Education is not liable for any costs incurred by the grantee prior to the issuance of the grant award.
4. Payments made under the provision of this grant are subject to audit by the grantor.

SIGNATURE OF SUPERINTENDENT/EXECUTIVE DIRECTOR
(Superintendent or Executive Director)

DATE

IM-03-03-0
 (Page 2)

CERTIFICATION FOR PARTICIPATION IN COLLABORATIVE PROJECT

INSTRUCTIONS:

Even Start projects must be submitted collaboratively by a local education agency and a community-based organization, public agency, institution of higher education, or other public or private nonprofit organization. Both participating agency should take the following action:

****Designate (to own authorized representative to sign the collaborative certification form.

****Other assign administrative responsibility for the project or designate the other agency as the administrative and fiscal agent.


Each of the undersigned certifies that, to the best of his or her knowledge, the information contained in this application is correct and complete, that the agency (which he or she represents) has authorized him or her to file this application, and that such authorization is recorded in the minutes of the agency's meeting held on the date shown below. The administrative and fiscal agency named below has been designated as the administrative and fiscal agent for the project and is authorized to receive and expend funds to conduct the project.

CERTIFICATION OF ENTITY DESIGNATED ADMINISTRATIVE AND FISCAL AGENT FOR THIS PROJECT

Legal Name of Agency/Entity		Name and Title of Authorized Official	
Mailing Address of Agency/Entity		Signature of Authorized Official	Date Signed
City	Zip Code	Telephone (Area Code, Local Number)	
Name and Title of Contact Person		Email Address of Contact Person	
Mailing Address of Contact Person	Telephone (Area Code, Local Number)	DATE RECEIVED (if applicable)	

CERTIFICATION OF PARTNERING AGENCY/DISTRICT

Legal Name of Agency/Entity		Name and Title of Authorized Official	
Mailing Address of Agency/Entity		Signature of Authorized Official	Date Signed
City	Zip Code	Telephone (Area Code, Local Number)	
Name and Title of Contact Person		Email Address of Contact Person	
Mailing Address of Contact Person	Telephone (Area Code, Local Number)	DATE RECEIVED (if applicable)	

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Key Personnel

- Hard copy ONLY (not MEGS)
- Key personnel form (duplicate as needed), page 3
 - Checkboxes of components
 - Recommend listing staff NOT paid by Even Start on a separate form in order to reflect comprehensive programming
 - Include copies of staff credentials, NOT résumés, including Administrator Training certificate

KEY PERSONNEL							IN-03-05C (Page 2)
INSTRUCTIONS: Identify all personnel who will be working in the Even Start program. Attach certification of qualifications of instructional staff on additional pages, if needed. Qualify via forms needed. Refer to the federal regulation, section 1325.6, for position requirements. Indicate percent of time funded in the Even Start grant and check any/all of the four components in which each staff member provides or supports instruction.							
POSITION/TITLE AND NAME	% OF TIME	DATE OF HIRE	DEGREE(S) / CERTIFICATION(S)	COMPONENTS CHECK ALL THAT THIS PERSON DELIVERS			
				ADULT EDUCATION	EARLY CHILDHOOD EDUCATION	PARENTING EDUCATION	INTERACTIVE LITERACY
Project Director or Administrator							
Adult Educator, Early Childhood Parenting and Interactive Literacy Instructional Staff**							
Personnel responsible for academic instructional support							
Other professional support personnel							

**Must provide names and certifications of all instructional staff paid out of Even Start federal funds. Even Start instruction occurs in each of the components of the program.

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Abstract-Browse and link in **MEGS - ONLY**

- **One page ONLY**
 - Name of Applicant:
 - Project Name:
 - Statement of need (include target population)
 - Description of Project (also serves as summary)
 - Include # of families targeted to be served
 - Include three year age range of children targeted to be served
 - Qualifications of Key Personnel
 - Applicant's Commitment and Capacity
 - Put the year in the name of the abstract document attached.

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Budget - MEGS *only*

- "Even Start" is for the grant \$\$, AND
- Separate "Even Start Local Contribution"
 - \$225,000 maximum
 - Remember increasing local contribution
 - Use function codes in the drop down box
 - Help is everywhere, but particularly in "Add Budget Item"
 - Source of funds crucial for local contributions
 - Use UPDATED Public School Accounting Manual Appendix for definitions of functions and objects
 - OMB Circulars - access through www.michigan.gov/evenstart

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Common reasons for returns or delay of budget approval:

- Insufficient detail provided, i.e. - "Teaching staff" instead of "EC classroom teachers (1 per site)"
- Detail provided doesn't match amount entered, i.e. "EC teaching staff; Cosmos @ 1.0 FTE @ \$54,869 salary, \$12,282 benefits; Saturn @ .75 FTE @ \$40,011 salary, \$11,018 benefits" and entries under salaries = \$70,000 (rather than sum = \$94,880), benefits = \$33,500 (rather than sum = \$23,300).
- Insufficient information in the local contribution detail, particularly the source of funds.

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Example from HELP - Local Contribution - "Add Budget Item"

To assist in sorting the entries, type the abbreviated name of the contractor, then a colon, then a brief description of the anticipated expenditure, adding the source of the contribution in the local contribution budget.

(Example: Pick 118 Preschool. In the Description, write the name of the service provider such as, "Child Development Board;" what the service being provided constitutes, "HappyKids, ece for birth-2 years," and how the expense being entered has been determined, "2.0 FTE teacher salary, then the source of the local contribution.") In this example, the entire Description entry would be "Child Development Board: HappyKids, ece for birth-2 years, 2.0 FTE teacher salary, DHS day care reimbursements."

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BUDGET										TM-02-25 (Page 4)
INSTRUCTIONS: The Budget Summary (1) and the Budget Detail (2) must be prepared by or with the cooperation of the Business Office using the School District Accounting Manual (Bulletin 1022).										
1. BUDGET SUMMARY										CFDA NUMBER: 84.213C
LEGAL NAME OF APPLICANT										
RECIPIENT CODE		GRANT NUMBER		PROJECT NUMBER		PROJECT TYPE		ENDING DATE		FY of Approved Activity
		100390				<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Carryover		06/30/2010		2010
FUNCTION CODE	FUNCTION TITLE	SALARIES (1000)	BENEFITS (2000)	PURCHASED SERVICES (2000, 4000)	SUPPLIES & MATERIALS (5000)	CAPITAL OUTLAY (6000)	OTHER EXPENDITURES (7000, 8000)	TOTAL		
110	Instruction --- Basic Needs									
120	Instruction --- Added Needs									
130	Instruction --- Adult/Continuing Education									
210	Pupil Support Services									
220	Instructional Staff Services									
230	General Administration									
240	School Administration									
250	Business Services									
260	Operation and Maintenance									
270	Pupil Transportation Services									
280	Central Support Services									
290	Other Support Services									
300	Community Services									
SUBTOTALS (Sum of ALL lines above)										
400	Outgoing Transfers & Other Transactions									
999	INDIRECT CHARGES (Not Allowed)									
TOTAL EXPENDITURES								A)		
2. BUDGET DETAIL-- Explain each line item, including cash and in-kind contribution, that appears on the Budget Summary, using the indicated function code and title, on a plain sheet.		TOTAL AMOUNT REQUESTED				FUNDING: Department of Education Share of Expenditures				B)
		TRANSACTION PURPOSE:		AMOUNT OF CHANGE (Use minus sign preceding decreases)		Local Share of Expenditures (Block A Minus Block B)				C)
		<input type="checkbox"/> Original		\$						
		<input type="checkbox"/> Amendment		\$						
DATE		BUSINESS OFFICE REPRESENTATIVE (Type or Print)				SIGNATURE				
DATE		PROJECT CONTACT PERSON (Type or Print)				SIGNATURE				

Project Implementation Improvement Plan - MEGS only

- Identify no more than 3 areas of focus for the upcoming program year.
- Each focus area will be identified through:
 - A process of data analysis and
 - Reflection on the program impact and participant outcomes, described in the box entitled: *Data Based Challenge*.
- A focus area will potentially address:
 - Multiple ES program elements &
 - Involve activities related to more than 1 of the 4 ES components.
- Each focus area will address:
 - Objectives
 - Action Steps
 - Scientifically-based reading research (SBRR)
 - Documentation of quality & monitoring for continuous improvement
 - Timelines
- Browse and upload as with the Abstract

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Even Start Project Implementation Improvement Plan

IM-03-05-C
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Each project should identify no more than three areas of focus for the upcoming program year. It is expected that each focus area will be identified through a process of data analysis and reflection on program impact and participant outcomes. A focus area will potentially address multiple Even Start Program Elements and involve activities related to more than one of the four Even Start Program Components.

Data-based Challenge:

Targeted Improvement Focus:

Objectives	Action Steps	Scientifically-based Research Foundation	Documentation of Quality and Monitoring for Continuous Improvement	Timeline

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Narrative

- Professional Development Activities
- Review original program plan - goals
- Discuss impact of reporting of state outcomes
- Submit one copy of most recent annual report of local evaluator, flagging and highlighting recommendations made to ensure improvement in the program, discuss those recommendations and any action(s) taken or to be taken.

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Application Checklist

- Attach checklist form (page 15) to the "original" application
- Confirmation of receipt will be faxed to the Applicant at the fax number listed on the form
- Check boxes and submit in listed order

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Both Hard copy & MEGS Application DUE April 10, 2009

Interim Data *was* DUE
February 20, 2009
Final Data will be DUE
July 21, 2009

Original and One Copy

Questions: Call 517.373.8483 or
Email hallc7@michigan.gov or
demars-johnsonr@michigan.gov

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